

腸管型ベーチェット診療ガイドライン・重症度基準作成・ベーチェット病レジストリ  
（岳野班・AMED水木班との連携プロジェクト）

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研究要旨：ベーチェット病に関する調査研究班によるベーチェット病診療ガイドライン2020において、腸管型については本研究班が作成に参加し、英文論文化して世界へ発信した。さらにベーチェット病に関する調査研究班が課題として取り組んでいる重症度基準作成プロジェクトに参加するとともに、AMED水木班が進めているベーチェット病患者レジストリ研究にも協力している。

共同研究者

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A. 研究目的

難治性炎症性腸管障害に関する調査研究班では日比班、渡辺班、鈴木班にわたりベーチェット病に関する調査研究班（石ヶ坪班、水木班）と協力体制を築いてきており、この間コンセンサス・ステートメントや診療ガイドラインを共同作成してきた。ベーチェット病に関する調査研究班（岳野班）と本研究班（久松班）においても協力体制を継続し、診療ガイドラインの英文化、重症度基準作成を行うとともに、AMED水木班のベーチェット病患者レジストリ研究に協力し、新たなエビデンス構築を目指す。

B. 研究方法

- 1) ベーチェット病診療ガイドライン2020の腸管ベーチェット病に関する部分の英文化
- 2) 岳野班の進めるベーチェット病重症度基準作成プロジェクトへの参加
- 3) AMED水木班のベーチェット病患者レジストリ研究への協力体制  
（倫理面への配慮）  
レジストリ研究についてはAMED水木班（横浜市立大学医学部）が基幹施設として一

括申請し承認されている。各施設においては患者から文書に同意を得る。

C. 研究結果

- 1) *Journal of Gastroenterology* 誌に世界で初めての腸管ベーチェット病診療ガイドラインとして英文発表した。Watanabe K, Tanida S, Hisamatsu T. et al. Evidence-based diagnosis and clinical practice guidelines for intestinal Behçet's disease 2020 edited by Intractable Diseases, the Health and Labour Sciences Research Grants. *J Gastroenterol.* 2020 Jul;55(7):679-700. doi: 10.1007/s00535-020-01690-y.
- 2) 令和2年度は岳野班会議（年2回）に参加し他領域とともに重症度基準作成に向けて協議した。
- 3) AMED水木班の進める難病プラットフォームを利用したレジストリの枠組みは完成し、久松班でも参加施設を募った。久松班で腸管ベーチェット病診療に携わっている基幹施設がレジストリ参加施設として登録された。

D. 考察

世界初となる腸管ベーチェット病診療ガイドラインが英文発表された影響は大きいと考えられる。

ただし、今後のエビデンスの報告に伴い改訂をしていく必要がある。特に重症度基準については多臓器におよぶ全身性疾患であり他領域と協議をしながら進めていく必要がある。特に **The Outcome Measures in Rheumatology Clinical Trials (OMERACT)** 会議で提唱された内視鏡的所見をどのように取り入れていくかが課題となる。レジストリ研究により、腸管ベーチェット病と他病型との臨床背景の違い、予後が明らかになることが期待できる。

#### E. 結論

腸管ベーチェット病診療ガイドラインの英文発表を行うとともに、重症度基準作成とレジストリ研究については岳野班、AMED 水木班と協力して進めている。

#### F. 健康危険情報

なし

#### G. 研究発表

##### 1. 論文発表

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10.1111/jgh.14995.

#### 2. 学会発表

久松理一, 松本主之 基調講演 JGES Core Session 2 下部 UC/CD 以外の IBD (第 99 回総会) の結果報告 シンポジウム 1 JGES Core Session 炎症性腸疾患における最先端の内視鏡診療-IBD 関連腫瘍の診断と治療 JDDW 2020 2020 年 11 月 5-8 日 神戸コンベンションセンター・Web

#### H. 知的財産権の出願・登録状況

(予定を含む)

##### 1. 特許取得

なし

##### 2. 実用新案登録

なし

##### 3. その他

なし



## Evidence-based diagnosis and clinical practice guidelines for intestinal Behçet's disease 2020 edited by Intractable Diseases, the Health and Labour Sciences Research Grants

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**Abstract** Behçet's disease (BD) is an intractable systemic inflammatory disease characterized by four main symptoms: oral and genital ulcers and ocular and cutaneous involvement. The Japanese diagnostic criteria of BD classify intestinal BD as a specific disease type. Volcano-shaped ulcers in the ileocecum are a typical finding of intestinal BD, and punched-out ulcers can be observed in the intestine or esophagus. Tumor necrosis factor inhibitors were first approved for the treatment of intestinal BD in Japan and have been used as standard therapy. In 2007 and 2014, the Japan consensus statement for the diagnosis and

management of intestinal BD was established. Recently, evidence-based JSBD (Japanese Society for BD) Clinical Practice Guidelines for BD (Japanese edition) were published, and the section on intestinal BD was planned to be published in English. Twenty-eight important clinical questions (CQs) for diagnosis (CQs 1–6), prognosis (CQ 7), monitoring and treatment goals (CQs 8–11), medical management and general statement (CQs 12–13), medical treatment (CQs 14–22), and surgical treatment (CQs 23–25) of BD and some specific situations (CQs 26–28) were selected as unified consensus by the members of committee. The statements and comments were made following a search of published scientific evidence. Subse-

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## GASTROENTEROLOGY

**Elevated fecal calprotectin and lactoferrin associated with small intestinal lesions in patients with Behçet disease**

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**Key words**

Behçet disease, fecal calprotectin (FC), fecal lactoferrin (FL), small intestinal lesion, video capsule endoscopy (VCE).

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**Introduction**

Behçet disease (BD) is a multisystem disease characterized by recurrent oral aphthae and several systemic manifestations, including genital ulcers, ocular disease, skin lesions, gastrointestinal (GI)

**Abstract**

**Background and Aims:** Small intestinal lesions in patients with Behçet disease (BD) have a risk of perforation and hemorrhage requiring surgery. However, no screening strategy for such lesions has been established. We investigated small intestinal lesions in BD patients with video capsule endoscopy (VCE) and analyzed clinical characteristics to identify non-invasive biomarkers of such lesions.

**Methods:** This study included 33 BD patients who underwent VCE (PillCam® SB3) at our institution from June 2016 to January 2019. Clinical characteristics, including age, sex, disease duration, body mass index, gastrointestinal symptoms, eye involvement, and blood examinations, were obtained from the medical records of 27 of the 33 patients. Fecal immunochemical tests for hemoglobin, fecal calprotectin (FC), and fecal lactoferrin (FL) were measured. VCE findings of 145 healthy Japanese individuals from a previous report were used as controls.

**Results:** Two intestinal BD patients were included in the 27 patients. We observed that BD patients exhibit more small intestinal lesions compared with healthy individuals, including erosions, ulcers, and total lesions (erosions or ulcers). FC and FL levels were significantly higher in patients with versus without small intestinal lesions ( $P = 0.034$  and  $P = 0.046$ , respectively). Receiver operating characteristic analyses demonstrated that FC (cutoff value = 119  $\mu\text{g/g}$ ) and FL (cutoff value = 17  $\mu\text{g/g}$ ) were biomarkers for small intestinal lesions in patients with BD.

**Conclusion:** The present study using VCE showed that patients with BD had more small intestinal lesions than healthy individuals. FC and FL could be useful for screening BD patients who may have small intestinal lesions.

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involvement, neurologic disorders, vascular disease, and arthritis. BD was first described in 1937 by Hulusi Behçet, a Turkish dermatologist.<sup>1</sup> Approximately 3% to 16% of patients with BD have GI tract involvement. Although GI disease typically affects the ileocecal area in these patients, involvement of the esophagus and